

Major Medical	Short Term Medical	Dental	Accident Medical Expense	Critical Illness	Life Insurance	Fixed Benefit Plan	Vision
Coventry	National General	Assurant	Assurant	Assurant	ManLife	ManLife	Starmount
Anthem/BCBS	United Healthcare	Starmount	National General	Colorado Bankers	Mutual of Omaha	CoreHealth	United Healthcare
Cigna (MO, IL, AZ, CA)		United Healthcare	VBA	National General	Voya		Humana
Molina		Humana	United Healthcare	United Healthcare	AGLA		
Harken					Premier		

HST PROMOTION STRUCTURE

\$100,000 NAP	<> Executive Agent	
\$250,000 NAP	<> Senior Agent	
\$500,000 NAP	<> District Leader	
\$1,000,000 NAP	<> District Partner	

*Move from District Leader to Region when you get a team member to District

*Move from Region to NMD when you have a team member move to Region

ACRONYMS

HST	<> Healthcare Solutions Team
NAP	<> Net Annual Premium
NMD	<> National Marketing Director
MAPD	<> Medicare Advantage Prescription Drug
CMS	<> Center for Medicare & Medicaid Services
MOOP	<> Maximum Out of Pocket
TIC	<> Time Insurance Company
NHIC	<> National Health Insurance Company
ACA	<> Affordable Care Act = Marketplace = Obamacare
CE	<> Continuing Education
FE	<> Final Expense
TL	<> Term Life
WL	<> Whole Life

UL	<>	Universal Life
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CARRIERS ALSO KNOWN AS

AGLA	<>	American General Life Association = American International Group = AIG
Assurant	<>	Time = John Alden Life = Union Security
BCBS	<>	Blue Cross Blue Shield
Colorado Banker	<>	CBL = Dearborn National
CoreHealth	<>	SASid = Smart and Simple
Integra	<>	Ameribenefit = Protector Plus = Preferred Plus (Star Indemnity, Nebco)
IMG	<>	International Medical Group
National General	<>	NHIC or National Health Insurance Company or NatGen
Starmount	<>	AlwaysCare = National Guardian Life = Guardian Life
United Healthcare	<>	Golden Rule = Allsavers = UnitedHealth Community Plan
VBA	<>	Value Benefits of America or NEA = National Employers Association or GAC = General Agent Center
GAC	<>	General Agent Center = NEA = National Employers Association = Value Benefits of America
Voya	<>	ING

To Cancel Carrier:

Client Calls
800-800-1212 Client Calls

Client Calls
Client Calls

Email from client to NatGen
Email from client

NETWORKS

Aetna/Coventry	<>	Carelink		FocusedCare		Mhnet (Mental Health Network)
Anthem/BCBS	<>	Pathway				
Cigna	<>	LocalPlus				
Humana	<>	Open Access		Choice PPO	HMOX	
United Healthcare	<>	Navigate		Compass	Choice Plus	Navigate Plus
National General	<>	Aetna		Cigna		
CoreHealth	<>	Multi-Plan		PHCS		
Starmount	<>	DenteMax		AlwaysVision		
Manhattan Life	<>	Multi-Plan				

PLAN TYPES	
Exclusive Provider Organization (EPO)	<p>Similar to an HMO, with an EPO you must use network providers - doctors, hospitals and other health care providers - that participate in the plan.</p> <p>The only exception is for emergency care.</p>
Health Maintenance Organization (HMO)	<p>In a very general sense, HMOs offer predictable cost-sharing and administrative simplicity for patients. These features come with fairly restrictive rules about which providers patients may see. Participants are entitled to doctor visits, preventive care and medical treatment from providers who are in the HMO's network. In addition to the monthly premium (which may be shared by the employer and employee), participants usually need to pay a small fee at the time of service called a copay (often in the range of \$10 to \$30), while the HMO covers 100% of the services provided. Most HMOs use capitation arrangements to reimburse physicians.</p> <p>HMOs typically require patients to select a "primary care physician" who can refer patients to specialists, also within the HMO's network. HMOs often won't pay for medical care that wasn't referred by the primary care physician (some exceptions include emergency services or preventive gynecological exams). They may also require prior authorization before elective hospitalizations or require referrals from primary care physicians before seeing certain specialists.</p>
Preferred Provider Organization (PPO)	<p>Preferred provider organizations (PPOs) generally offer a wider choice of providers than HMOs. Premiums may be similar to or slightly higher than HMOs. Premiums may be similar to or slightly higher than HMOs, and out-of-pocket costs are generally higher and more complicated than those for HMOs. PPOs allow participants to venture out of the provider network at their discretion and do not require a referral from a primary care physician. However, straying from the PPO network means that participants may pay a greater share of the costs.</p> <p>For example, a PPO available to small businesses may reimburse 60% of out-of-network costs and 80% of in-network costs (with the employee responsible for the remaining 40% or 20%). These percentages may be applied to full charges ("sticker" prices), discounted fees that the health plan has negotiated with providers ("negotiated fees"), or regional average fees ("allowable" or "usual and customary" amounts). Keep in mind that this example is one of many possibilities—in-network and out-of-network coverage can differ from plan to plan.</p>
Point of Service (POS)	<p>A point-of-service plan (POS) is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services.</p> <p>When patients venture out of the network, they'll have to pay most of the cost, unless the primary care provider has made a referral to the out-of-network provider. Then the medical plan will pick up the tab.</p>
Health Savings Account (HSA)	<p>Federal legislation enacted in late 2003 authorized the creation of Health Savings Accounts (HSAs). These savings accounts are combined with a high-deductible health plan. Because high-deductible plans generally cost less than low-deductible plans, HSAs are a good option for employers who cannot afford a comprehensive (low-deductible) health plan.</p>

Both employers and employees may contribute to HSAs. Total annual contributions to the savings account may be up to 100% of the annual health plan deductible amount and may be used to pay for any qualified medical expenses. The savings account is controlled by the covered employee and is intended to pay small and routine health care expenses.

Once the deductible amount is reached, additional health expenses are covered in accordance with the provisions of the health insurance policy. For example, an employee might then be responsible for 10% of the costs for care received from a PPO network provider.

Deposits made to an HSA are tax-free to the employer and employee, and money not spent at the end of the year may be rolled over to pay for future medical expenses. Money from the HSA may be withdrawn for any reason, but if it's not for qualified medical expenses as defined under §213(d) of the Internal Revenue Code, the withdrawal is subject to a 20% penalty and is included in gross income for income tax purposes. (The penalty is waived in a few cases: if the beneficiary dies, becomes disabled or reaches age 65.)